



Department of Administration
 State Human Resources Division
 P.O. Box 200127
 Helena, Montana 59620-0127

2011 STATE EMPLOYEES' CHARITABLE GIVING CAMPAIGN INDEPENDENT APPLICATION AND AGREEMENT

The assigned SECGC organization code: _____

Organization's name: (as it will appear in the donor guide):	
Organization's legal name, if different. Provide ABN or DBA authorization.	
Federal EIN number:	
Organization's information for giving guide	
<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"></div> <div style="width: 30%;">Mailing Address:</div> <div style="width: 60%;"></div> </div>	
<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"></div> <div style="width: 30%;">City, State, Zip</div> <div style="width: 60%;"></div> </div>	
<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"></div> <div style="width: 30%;">Organization Phone:</div> <div style="width: 60%;"></div> </div>	
<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"></div> <div style="width: 30%;">Email:</div> <div style="width: 60%;"></div> </div>	
<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"></div> <div style="width: 30%;">Web Address:</div> <div style="width: 60%;"></div> </div>	
Contact person	
<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"></div> <div style="width: 30%;">Name:</div> <div style="width: 60%;"></div> </div>	
<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"></div> <div style="width: 30%;">Mailing Address:</div> <div style="width: 60%;"></div> </div>	
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<p>25 word description for the 2011 SECGC donor guide. Revise this if needed.</p> <p>If no description is listed here, please provide one or attach a separate sheet.</p> <p>Please do not include organizational name in this narrative.</p>	

In return for the right to participate in the 2011 State Employees' Charitable Giving Campaign (SECGC), the Non-Profit Organization named in this Independent Application and Agreement certifies by signature at the bottom of this document that the organization meets the following terms and conditions:

1. Certifies that the non-profit meets all of the eligibility requirements listed in the 2011 Application Information for Independent Non-Profit Organizations, including:
 - a. Be in compliance with all federal, state and local laws and ordinances.
 - b. Account for its funds in accordance with generally accepted accounting principles (GAAP).
 - c. Use at least 70 percent of the funds raised from the campaign for the benefit of the people of Montana. If this is not the case, you must demonstrate in writing to the satisfaction of the Department of Administration and the Campaign Advisory Council that there is a substantial return or benefit to the people of the state.
 - d. Have an active Montana telephone number or website listed under the name of the organization.
 - e. Be directed by an active and responsible governing body whose members have no material conflict of interest and a majority of whom serve without compensation.
 - f. Conduct publicity and promotional activities based on its actual programs and operations, are truthful and non-deceptive, include all material facts and make no exaggerated or misleading claims.
 - g. Use the funds contributed by state employees for its purposes described in campaign materials.
 - h. Have a written policy and procedure of nondiscrimination in regard to race, color, religion, national origin, disability, age marital status or sex for the purpose of service, employment, membership or leadership.
 - i. Not share or sell names or addresses of state employee donors to anyone.
2. Agrees to abide by all participation requirements, procedures and campaign guidelines; and
3. On the recommendation of the Campaign Advisory Council (CAC), authorizes the Department of Administration to acquire fiscal management services and program operations services on behalf of the non-profit for purposes of operating the campaign. The Financial Services Coordinator is responsible for paying campaign expenses approved by the CAC, receiving and verifying donations, allocating donations according to employee designations, and obtaining an independent audit. The Program Coordinator is responsible for activities associated with planning and carrying out the campaign, including preparation and distribution of materials, volunteer training, communications, etc.;
4. Agrees to indemnify the state, its officials, agents, and employees, while acting within the scope of their duties as such, harmless from and against all claims, demands, and causes of action of any kind or character, including the cost of defense, arising in favor of your non-profit's employees or third parties on account of bodily or personal injuries, death, or damage to property arising out of services performed, goods or rights to intellectual property provided or omissions of services or in any way resulting from the acts or omission of the non-profit and/or its agents, employees, subcontractors or its representatives under this contract, all to the extent of the non-profit's negligence and to bring any litigation in the First Judicial District Court of Lewis and Clark County;
5. Agrees to pay its proportional share of the expenses incurred in conducting the 2011 SECGC, based upon its percentage share of the gross campaign receipts as designated by the

employees contributing. The expense of managing the campaign will include all out-of-pocket costs associated with planning and conducting the campaign. This typically averages below 10%;

6. Verifies that the person signing this agreement is authorized to bind the non-profit to this agreement, has read and fully understands the 2011 Application Information, agrees to its terms, and has attached all required documents and the application fee to this Application and Agreement; and
7. Provides with this application the following required documents:
 - ☐ This entire signed Independent Application and Agreement Form;
 - ☐ Copy of IRS letter that verifies your organization's current tax-exempt 501(c)(3) status with the IRS showing EIN, current organization name and address or the Act of Congress;
 - ☐ Copy of the Montana Secretary of State's web page that shows your organization is currently registered to do business. Print and attach the page that shows the words "Active Status" and date "Last AR Filed" <http://app.mt.gov/bes>;
 - ☐ The Authorization Agreement for Direct Deposit of Montana SECGC funds by its Financial Services Coordinator and a deposit ticket or voided check for the named account; and
 - ☐ The application fee with a check payable to: **State Employees' Charitable Giving Campaign** or **SECGC** totaling **\$40**.

I understand that failure to comply with the rules and regulations governing the SECGC, or the terms and conditions of this agreement, may result in suspension from the campaign without notice.

Signature and title

Date

Name of Organization

**May 4, 2011, 4:30 p.m. = the deadline for applications to be in the hands of Department of Administration, State Human Resources Division,
mailing address: P. O. Box 200127, Helena, MT 59620-0127
or hand-delivery address: Mitchell Building, 125 North Roberts, Room 125, Helena, Montana**

**The application materials may also be downloaded at the following:
<http://hr.mt.gov/HRServices/programsadministered.mcp>**

**AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT OF MONTANA SECGC
FUNDS BY ITS FINANCIAL SERVICES COORDINATOR ***

Please check the appropriate account for the direct deposit:

Organization's Name: _____

Tax ID (EIN): _____

☐ Checking ☐ Savings

☐ Other Deposit Account _____
Please Specify Type

Depository Name Branch ☐ Phone #

City State/Zip

Routing/ABA Number Account Number

This authorization is to remain in full-force and effective until five (5) business days after UWLCA has received written notification of its termination.

Authorizing Signature Date

Name - Please Print

Telephone Number

*** Financial Services Coordinator = United Way of Lewis & Clark Area (UWLCA)**

**Please attach a copy of a deposit ticket or voided check
for the above account.**